appropriations must originate in the House of Representatives.

Comes now the Taft Bill, S. 2143, introduced by Senator Taft of Ohio with the blessings of Senators Smith and Ball. This measure proposes that the Federal Government lend its financial support to the forty-eight states, on a matching basis, for the provision of voluntary hospital and medical care insurance for medical indigents. Hearings on this bill will probably be held before Congress adjourns this July; in any event, word comes that witnesses for or against the Wagner-Murray-Dingell bills are to be asked by Senator Murray's committee to be prepared to testify not only on S. 1606 but also on S. 2143.

Even if these two measures are both lost, which now appears likely, the message is clear: Government will provide a system of medical care for the people if medicine does not do so. If Congress does not enact some form of legislation in 1946, it will be asked to do so again in 1947. Eventually there is nothing to look forward to but *some* new law on the books, be it compulsory health insurance or voluntary.

There is no choice between the two. The answer is clear. Only one element remains: Time is short.

YOUR JOURNAL

CALIFORNIA AND WESTERN MEDICINE has lived a long and successful life. It has weathered various changes of Association administration, has outlived several editors who have contributed to its success, and has even gone through changes of name. Now we come to a new fork in the road, a new point of departure from former expectations.

Inherent in the deliberations of the 1946 Annual Sessions of the C.M.A. was the desire to struggle free from former bounds and to achieve, in one leap, the long step to modern times, modern ideas. CALIFORNIA AND WESTERN MEDICINE is prepared to take this step.

Under the editorial supervision of the Chairman of the Editorial Board, and under the productive guidance of the central office staff, your journal proposes to modernize itself, to make such changes as seem desirable. Hope springs eternal and it is hoped that our readers will approve.

In the months to come, don't be surprised to see something new or something different. If a name is changed here, or a section there, we hope it is in the interest of providing our readers with something palatable if not succulent. Throughout this process, the one guiding force will be to furnish California physicians with a journal of which they may be proud, written and prepared in the best traditions of modern medical practice and presented in a form which hopes to be, at one time, interesting, instructive and attractive. Your comments are invited and will go a long way toward determining the ultimate form of your journal. The editors pledge themselves to this end, never forgetting that this is *your* publication.

THE DIAGNOSIS OF TUMORS

Since the turn of the century tumors have been diagnosed at much earlier stages, thus making obsolete most of the diagnostic criteria previously employed, and at the same time necessitating ever changing reorientation as regards our present diagnostic methods. Fortunately, due in no small part to the lay educational program of the American Cancer Society, patients in some localities are coming to their doctors with much smaller and earlier cancers than they did thirty years ago. The signs and symptoms of these smaller cancers are not those commonly described in text-books. The advanced cancer seen at the post-mortem table is not always the picture seen by the patient's family physician and by the surgical pathologist. Progress in the early recognition and detection of cancer is dependent upon the realization that in spite of "danger signals" there are no characteristic signs and symptoms which are pathognomonic of early cancer. A *complete physical examination* and various accessory diagnostic procedures are helpful and important. However, it must be emphasized that the only means of definitely establishing the diagnosis of cancer is by the *histological study* of suitable tissue under the microscope by a competent pathologist who is qualified in the problems of oncology.

In spite of the fact that cancer is being diagnosed earlier, there is still much regrettable and needless delay. With carcinoma of the large bowel, for example, this point is well emphasized in a recent study by Scarborough[1]. Even though the patients (private and clinic) in his series had had symptoms referable to the large bowel for an average of eight months before they received definite treatment, physicians allowed four and one-half months to elapse before establishment of a correct diagnosis. It is still commonplace for a patient with rectal cancer to present himself with the story of having already been examined and treated by from one to four doctors for "hemorrhoids."

Early detection and correct diagnosis of cancer are essential if the cancer problem is to be successfully attacked. A serious bottleneck in the attack is the shortage of competent pathologists. The laudable attempts by the American Cancer Society and other agencies to encourage the establishment of cancer clinics are greatly handicapped by this shortage. There is real danger that as a result of this shortage inadequately trained pathologists or other medical men will be entrusted with that most important of responsibilities,—the making of tissue diagnoses. The medical profession at large often fails to remember that the pathologist is a physician, practicing diagnostic medicine, and frequently the most important cog in the final diagnosis of tumors. This indifference, plus the fact that hospitals tend to "hire" pathologists on salaries contributes in no small part to the unsatisfactory shortage of competent tissue pathologists. There is at present little inducement for any capable physician to take up pathology, even as a temporary occupation; if